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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/602,018
Filing Date	06/24/2003
First Named Inventor	HOUWELING, Abraham Paulus
Title NURTURING OF PLANTS
Group Art Unit	3643
Examiner Name	
Attorney Docket Number	AME0102 US

I hereby appoint:

Practitioners at Customer Number []

OR

Practitioner(s) named below:

Name	Registration Number
Lance A. Turlock	28,362

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Lance A. Turlock					
Address	Meridian Patent Services					
Address	#471-7231-120th Street					
City	Delta		State	B.C.	Zip	
Country	Canada					
Telephone	(604) 591-8142	Fax	(604) 608-2910			

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Abraham Paulus Houweling
Signature	
Date	Sept 20, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	AME0102 US
First Named Inventor	HOUWELING, Abraham Paulus
COMPLETE IF KNOWN	
Application Number	10 / 602,018
Filing Date	06/24/2003
Group Art Unit	3643
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS AND METHODS FOR HANDLING AND CONTROLLING THE
NURTURING OF PLANTS**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 06/24/2003 as United States Application Number or PCT International

Application Number 10/602,018 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
2,391,552	Canada	06/25/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

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Country	Canada	Telephone	(604) 591-8142		
			Fax (604) 608-2910		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Abraham Paulus	Family Name or Surname	Houweling
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Inventor's Signature	<i>Abraham Paulus for Lance A. Turlock</i>			Date <i>Sept 20, 2003</i>
Residence: City	Aldergrove	British Columbia State	Canada Country	Canadian Citizenship

Mailing Address **1034 - 264th Street**

City	Aldergrove	State	British Columbia	ZIP	V4W 2M8	Country	Canada
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
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Inventor's Signature	Date		
Residence: City	State	Country	Citizenship

Mailing Address

City	State	ZIP	Country
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.